



American Association of  
**NURSE ANESTHESIOLOGY**

October 14, 2022

The Honorable Denis McDonough  
Secretary  
U. S. Department of Veterans Affairs  
810 Vermont Avenue NW  
Washington, DC 20420

**RE: Health Care Professionals Practicing Via Telehealth**

Dear Secretary McDonough:

The American Association of Nurse Anesthesiology (AANA) welcomes the opportunity to comment on the proposed rule: Health Care Professionals Practicing Via Telehealth. We are strongly committed to continue our work with the agency to ensure our nation's veterans have access to timely, cost-effective and high-quality care and reduced barriers to Certified Registered Nurse Anesthetists' (CRNA) practice.

The AANA is the professional association for Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists (SRNAs). AANA membership includes more than 59,000 CRNAs and SRNAs, representing 89 percent of the nurse anesthetists in the United States. CRNAs are advanced practice registered nurses (APRNs) who personally administer more than 50 million anesthetics to patients each year in the United States and are among the nation's most trusted professions according to Gallup<sup>1</sup>. CRNAs are Medicare Part B providers and since 1989 have billed Medicare directly for 100 percent of the physician fee schedule amount for services. CRNAs also play an essential role in assuring that rural America has access to critical anesthesia services, often serving as the sole anesthesia provider in rural hospitals, affording these facilities the capability to provide many necessary procedures.

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<sup>1</sup> Gallup "U.S. Ethics Ratings Rise for Medical Workers and Teachers (December 22, 2020), <https://news.gallup.com/poll/328136/ethics-ratings-rise-medical-workers-teachers.aspx>

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CRNAs are involved in every aspect of anesthesia services including a pre-anesthesia patient assessment, obtaining informed consent for anesthesia administration, developing a plan for anesthesia administration, administering the anesthetic, monitoring and interpreting the patient's vital signs, and managing the patient throughout the surgery and recovery. CRNAs also provide acute, chronic, and interventional pain management services. Numerous peer reviewed studies have shown that CRNAs are safe, high quality and cost-effective anesthesia professionals who should practice to the full extent of their education and abilities. According to a May/June 2010 study published in the journal *Nursing Economic*, CRNAs acting as the sole anesthesia provider are the most cost-effective model for anesthesia delivery, and there is no measurable difference in the quality of care between CRNAs and other anesthesia providers or by anesthesia delivery model.<sup>2</sup> An August 2010 study published in *Health Affairs* showed no differences in patient outcomes when anesthesia services are provided by CRNAs, physicians, or CRNAs supervised by physicians.<sup>3</sup>

The COVID-19 public health emergency (PHE) has shown the urgent need for health care professionals to care for patients and also highlights the important role that CRNAs play in our healthcare system, especially when workforce barriers to practice are eliminated both at the state and federal levels. Throughout the PHE, facilities have required all providers to work to the top of their education and state scope of practice. CRNAs are working under stressful conditions in facilities across America, by providing invaluable support by using their expertise in rapid systems assessment, airway management, managing ventilators, vascular volume resuscitation, placing of invasive lines and monitors, overseeing complex hemodynamic monitoring, emergency preparedness, and resource management. CRNAs practice autonomously and are qualified to make independent judgments based on their education, licensure, and certification.

We appreciate the VA and VHA's recognition of CRNAs' value and skill to healthcare, including the work on Directive 1899 that emphasized the importance of allowing CRNAs to practice to the full extent of their training. As the agency seeks to amend its medical regulations that govern the VA health care professionals who practice health care via telehealth, the AANA would like to stress the importance of the ability of health care providers to provide telehealth services and practice to their full professional education, skills,

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<sup>2</sup> Paul F. Hogan et al., "Cost Effectiveness Analysis of Anesthesia Providers." *Nursing Economic*. 2010; 28:159-169. [http://www.aana.com/resources2/research/Documents/nec\\_mj\\_10\\_hogan.pdf](http://www.aana.com/resources2/research/Documents/nec_mj_10_hogan.pdf)

<sup>3</sup> B. Dulisse and J. Cromwell, "No Harm Found When Nurse Anesthetists Work Without Physician Supervision." *Health Affairs*. 2010; 29: 1469-1475. <http://content.healthaffairs.org/content/29/8/1469.full.pdf>

and scope of practice and caution against the use of unnecessary physician supervision requirements of CRNAs. Since the PHE began, an increased number of clinics have been utilizing telehealth for pre-anesthesia evaluation. Most medically complicated patients, or patients who are going to have a complex surgery will be evaluated in the clinic and in addition, some low-risk procedures are evaluated by CRNAs via telehealth. In some VA clinics, CRNAs see telehealth patients for the medical history and physical examination prior to surgery. During this current pandemic, we have seen barriers to CRNA practice removed at both the state and federal level, allowing CRNAs to provide critical, lifesaving care to patients.

Freeing up CRNAs to provide this critical care to the sickest patients is a key part of allowing the VA to achieve the three pillars of meaningful healthcare delivery reform, providing the highest quality and most cost-effective care possible. We ask the agency to ensure inclusion of CRNAs in the updated definition of healthcare professional in its regulation updates, which will also make the regulations consistent with the Medicare regulations. The 2015 Medicare Physician Fee Schedule final rule allowed for Medicare payment to CRNAs for telehealth services CRNAs because in some states they are licensed to furnish certain services on the telehealth list.<sup>4</sup> There is no supervision requirement tied to it. Therefore, we ask that the VA recognize CRNAs providing telehealth under § 17.417 a (2) A-C. Allowing for the same to occur in the VA will strengthen the healthcare workforce to ensure timely delivery of quality services and care of underutilized services and will address long-standing barriers to strengthening the health workforce, all of which will improve health equity and increase access to care. In particular, CRNAs play an essential role in ensuring that patients in rural America and in areas that are underserved has access to critical anesthesia services, often serving as the sole anesthesia provider in rural hospitals, affording these facilities the capability to provide many necessary procedures.

Along with this policy recommendation, we also recommend that the agency permanently remove unnecessary physician supervision requirements. There is strong and compelling data showing that physician supervision does not have any impact on patient safety and quality of care and may restrict access and increase costs. Physician supervision requirements can exacerbate the impact on access to care given the labor shortage and the demand for CRNA anesthesia services. During the current provider shortage,

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<sup>4</sup> 42 CFR §410.78 (b)(2)(ix)

removing unnecessary supervision requirements will increase veterans' access to care and decrease wait times for veterans.

The AANA appreciates the opportunity to comment on this proposed rule. Should you have any questions regarding our comments, please feel free to contact the AANA Senior Associate Director, Federal Regulatory and Payment Policy, Randi Gold, at 202-741-9082 or [rgold@aana.com](mailto:rgold@aana.com).

Sincerely,

A handwritten signature in black ink that reads "Angela Mund". The signature is written in a cursive, flowing style.

Angela Mund, DNP, CRNA  
AANA President

cc: William Bruce, MBA, CAE, AANA Chief Executive Officer  
Lorraine Jordan, PhD, CRNA, CAE, FAAN, AANA Chief Advocacy Officer  
Randi Gold, MPP, AANA Senior Associate Director Federal Regulatory and Payment Policy